

## Hazardous or Mixed Retention Tank System Secondary Containment Rainwater Release Form

Date/Time of Inspection:	Operator's Name ( <i>Print</i> )	Tank Number(s):
Rainwater Location:	Operator's Name ( <i>Signature</i> )	Tank Contents:
<p><b>Instructions:</b> Check the appropriate response for each item below and record the information indicated. Provide descriptions and comments if necessary. Attach additional pages if extra space is needed. Check "N/A" for items that do not apply. This record is to be maintained by the Program for a minimum of three years and made available by request of EPD or regulatory personnel. If a spill is detected, send a completed copy to TAGG (L-633) of ORAD/ EPD. Note: Appendix H of the <i>Guidelines to Retention Tank Systems</i> provides detailed procedures for handling rainwater in secondary containment.</p>		
Check Items	Response	Description and Comments
1. Is this the first rain storm of the season?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. If not the season's first rain storm, did sample results of the season's first rain storm show contamination? If Yes, indicate contaminants.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Take the pH of any liquid within the secondary containment. Is pH outside the range of 6.5 to 8.5? Note: If a field pH meter is used, record the calibration pH using buffer solutions at pH 4, 7, and 10.	Yes <input type="checkbox"/> No <input type="checkbox"/>	pH calibrations: _____ pH reading: _____ pH meter #: _____
4. Is there a spill visible, as defined by a film or sheen upon or discoloration of the surface of the water, or sludge or emulsion deposited beneath the surface of the rainwater in the secondary containment structure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Do the leak-monitoring equipment, overfill protection devices, or spill-prevention devices show signs of system malfunction?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Does tank(s) have unexplained level changes or exceptionally high levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Do the tank(s), piping, pump(s), valve(s), and joints show signs of leakage (e.g., drips, stains, wet spots, cracks, bulges)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. For tanks associated with Radioactive Material Management Areas (RMMA), perform a radioactive contamination screening. Record level. Are the results above the 25-dpm screening level?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Radioactivity screening level: _____
9. Have you informed your supervisor of the results?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Has approval from Program Responsible Person (someone other than the tank operator) been received? Note: Program approval is required before discharge.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
11. If all Items 1 through 8 are "No," release rainwater from the secondary containment to storm drainage system and re-secure valve (if the system has one). a. Has the rainwater been released? b. Has the EOG Analyst been notified of the release?	a. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> b. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
12. If any Items 1 through 8 are "Yes," do not release rainwater. Contact the EOG Analyst assigned to the Program for guidance on proper disposition of water. Has the EOG Analyst been contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
13. If rainwater in the secondary containment is contaminated, inform the responsible tank owner so that the cause can be verified and repairs made as necessary. Notification completed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
14. If radioactivity is above the screening level, has HWM Division been contacted to pump out liquid?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
15. Final disposition of rainwater: Released to storm drainage system <input type="checkbox"/> (Record date and time of discharge to storm drainage system) Pumped out <input type="checkbox"/>		Date of Discharge: _____ Time of Discharge: _____
Name of Program Responsible Person ( <i>Print</i> )		Signature of Program Responsible Person Date: